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Application Number	09765985
Filing Date	Jan, 19,2001
First Named Inventor	Michael Sharp
Art Unit	
Examiner Name	
Attorney Docket Number	(05-)

I hereby revoke all previous powers of attorney given in the above-identified application.	
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I hereby appoint the practitioners associated with the Customer Number:	
Please change the correspondence address for the above-identified application to:	
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I am the: Applicant/Inventor.	
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	
SIGNATURE of Applicant or Assignee of Record	
Signature Michael 3m	
Name Michael Snarp	
Date 10-27-2005 Telephone 281-35-4-7677	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	
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